

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/516301

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

70

Filing

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$ ~~_____~~

REFUND COMPLETED
PCT NATIONAL DIVISION

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Credit Deposit A/C #:

01--2340

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): _____

REFUND COMPLETED
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: T.H.

TITLE: Paralyze

SIGNATURE: [Signature]

PHONE: _____

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: PCT NATIONAL DIVISION

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: